



2192  
Drew

<b>TRANSMITTAL FORM</b>		Application No.	10/561,049 ✓
(to be used for all correspondence after initial filing)		Filing Date	December 15, 2005
		First Named Inventor	Vincent Zimmer
		Art Unit	2192
		Examiner Name	Chameli Das
Total Number of Pages in This Submission		Attorney Docket Number	42P16112

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Request for Refund	-Return receipt postcard
<input checked="" type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Eric S. Hiponia, Reg. No. 62,002 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	
Date	11/17/2010

CERTIFICATE OF MAILING/TRANSMISSION		
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
Typed or printed name	Katherine Campbell	
Signature		Date 11/17/2010

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# ~~EE~~ TRANSMITTAL for FY 2009

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 1,400.00)

Complete if Known	
Application Number	10/561,049
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First Named Inventor	Vincent Zimmer
Examiner Name	Chameli Das
Art Unit	2192
Attorney Docket No.	42P16112

**METHOD OF PAYMENT** (*check all that apply*)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Credit any overpayments

Any concurrent or future

Any extension of time reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

## **FEE CALCULATION**

## **1. EXTRA CLAIM FEES**

**Fee from  
below**

### Total Claims

## **Independent Claims**

### Multiple Dependent

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	52	2202	26	Claims in excess of 20
1201	220	2201	110	Independent claims in excess of 3
1203	390	2203	195	Multiple Dependent claim, if not paid
1204	330	2204	165	**Reissue Independent claims over original patent
1205	330	2205	165	**Reissue claims in excess of 20 and over original patent

*\*\*or number previously paid, if greater. For Reissues, see below.*

## **2. ADDITIONAL FEES**

### **Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	130	2251	65	Extension for reply within first month
1252	490	2252	245	Extension for reply within second month
1253	1,110	2253	555	Extension for reply within third month
1254	1,730	2254	865	Extension for reply within fourth month
1255	2,350	2255	1,175	Extension for reply within fifth month
1401	540	2401	270	Notice of Appeal
1402	540	2402	270	Filing a brief in support of an appeal
1403	1,080	2403	540	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.129(b))

Fee Paid

**Other fee (specify)**

**SUBTOTAL (2)**

(S)

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Eric S. Hiponia	Registration No. (Attorney/Agent)	62,002	Telephone	(503) 439-8778
Signature				Date	11/17/2010

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2007.  
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# FEE TRANSMITTAL for FY 2009

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

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Examiner Name	Chameli Das
Art Unit	2192
Attorney Docket No.	42P16112

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.				

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Total Claims	Extra Claims	Fee from below
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Independent Claims

Multiple Dependent

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SUBTOTAL (1)				

\*\*or number previously paid, if greater, For Reissues, see below

### 2. ADDITIONAL FEES

Large Entity      Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
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SUBTOTAL (2)				

### Fee Paid

Other fee (specify) \_\_\_\_\_

(\$)

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Complete (if applicable)

Name (Print/Type)	Eric S. Hiponia	Registration No. (Attorney/Agent)	62,002	Telephone	(503) 439-8778
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